

NOTICE OF INSPECTION RIGHTS; DISCLOSURE VERIFICATION

Name of Examinee: _____
Contact Person: _____
Location: _____
Mailing Address (if different): _____
Telephone: _____

Arizona Department of Insurance Information	
Date Inspection Commenced: ____/____/____	Time: __
Inspector/Examiner: _____	
Accompanied by: _____	

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) §§ 20-142 and/or 20-156; other: _____.
2. The purpose of this inspection is to determine the examinee's compliance with the applicable provisions of Title 20.
3. Fees for this inspection are:

____ Not applicable.
☒ Authorized by A.R.S. §20-142; §20-159; other: _____.
4. An authorized representative of this examinee may accompany the inspector(s) during the inspection conducted on these premises, except during any confidential interview.
5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.
6. Upon entry onto the premises for this inspection, the Department inspector(s) identified above shall present photo identification.
7. Each person interviewed during this inspection has the right to be informed that statements made by the person may be included in the inspection report.
8. Each person whose conversation is tape recorded during the inspection has the right to be informed that the conversation is being tape recorded.
9. If you have questions regarding this inspection, you may contact _____ at (_____) _____.
10. You have the right to appeal a final decision of the Arizona Department of Insurance ("Department") if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. §41-1092 *et seq.*, and rights relating to appeal of a final agency decision are found in A.R.S. §12-901 *et seq.*

11. If you have questions regarding your right to appeal an enforcement action taken by the Department based on the results of this inspection, you may contact:

Department representative: Gerrie L. Marks at (602) 912-8451

Department Ombudsman: Catherine M. O'Neil at (602) 912-4403

Office of Ombudsman-Citizens Aide, 1101 West Washington Street, Phoenix, AZ 85007; (602) 255-1932.

Upon entry onto the premises for this inspection, the Department inspector(s) identified above reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Department representatives may nevertheless proceed with the inspection.

Signature and Title of Authorized On-Site Representative _____ Date _____

_____ [authorized on-site representative] refused to sign this form.

— The regulated person or authorized on-site representative is not present.

Signature of Inspector

Date